

PTO/SB/31 (07-06)

Approved for use through 09/30/2006, OMB 0651-0031

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Signature <u>[Signature]</u>		Application Number 10/076,900	Filed 02/14/2002
Typed or printed name <u>Mark DeLuca</u>		For Methods of Inducing Mucosal Immunity	
		Art Unit 1633	Examiner Qian Janice Li
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____			
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I am the		<u>[Signature]</u> Signature	
<input type="checkbox"/> Applicant/inventor.		<u>Mark DeLuca</u> Typed or printed name	
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. Form PTO/SB/96)			
<input checked="" type="checkbox"/> Attorney or agent of record. Registration number <u>33,229</u> .		<u>215.665.5592</u> Telephone number	
<input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>January 12, 2007</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			


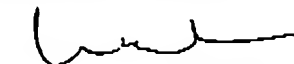
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		 Signature Mark DeLuca Typed or printed name 215.665.5592 Telephone number January 12, 2007 Date
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